

# New Mexico Environment Department Clean Diesel Program

## DERA Application

Projects selected through this program **MUST** be completed by September 30, 2023, or they will not be eligible for reimbursement.

A complete application must be submitted for each fleet and its corresponding project area(s). By checking the following, the applicant is acknowledging that these requirements have been met, and all appendices are included:

- ☐ The applicant has reviewed the NMED CDP FY22 Guidance Document and Application Instructions.
- ☐ Appendix A - Documentation Verifying the Operating Time in New Mexico
- ☐ Appendix B - Map of the Project Locations (for fleets that travel statewide)
- ☐ Appendix C - Vehicle Information Sheet
- ☐ Appendix D - Fleet Replacement Schedule
- ☐ Appendix E - Use of Funds Restrictions Form
- ☐ Appendix F - Diesel Emission Quantifier (DEQ) Report
- ☐ Appendix G - EJSCREEN ACS Report
- ☐ Appendix H - Map of the Locations of Affected Facilities
- ☐ Appendix I - Map Showing the Proximity to Federal Class I Areas
- ☐ This application meets the requirements of applicable purchasing procedures, the New Mexico Procurement Code regulations, and 2 CFR 200 (all sub-recipients must comply with applicable regulations contained at 2 CFR 200, in particular, 2 CFR 200.317 – 200.326).

### Organization Information – 40 Points

Project Title					
Number of Vehicles					
Organization Name					
Responsible Official		Title			
Mailing Address					
City, State, Zip		Phone Number			
Cell Number		Email			
Organization's DUNS number					
Contact Person		Title			
Phone Number		Email			
Organization Type	<input type="checkbox"/> State <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> School District <input type="checkbox"/> Non-Government <input type="checkbox"/> Other, list:				
Fleet Address					
City		County		Zip Code	

**Description of Applicant's Organization – 10 Points**

Describe your organization's size and type of work performed. If the proposed vehicle(s) operate outside of the State<sup>4</sup>, provide the percentage of time your organization will operate the affected equipment in New Mexico. Include other information, such as number of hours and/or miles traveled in the State. Also include any environmental measures utilized by the organization, such as anti-idling policies that reduce emissions.

1. Vehicles/equipment must operate within the State at least 75% of the time. The applicant **MUST** provide documentation verifying the operating time in the state as Appendix A.

**Project Funding – 5 Points**

Funding Requested	\$	
Cost Share	\$	%
Project Cost	\$	
Scrap Value	\$	
Total Project Cost*	\$	

Will a funding waiver be requested ☐ Yes ☐ No

If yes, the applicant will need to provide a detailed justification for the waiver if selected.

Is the applicant interested in the funding if a waiver request is denied? ☐ Yes ☐ No

\*Total project cost for engine and vehicle replacements is the project cost minus scrap value from disabled engine or vehicle.

**Project Location – 5 Points**

Will the vehicle(s) reside within New Mexico? ☐ Yes ☐ No

Will the vehicle(s) permanently reside at the project address? ☐ Yes ☐ No

Will the vehicle(s) operate under an International Registration Plan? ☐ Yes ☐ No

If "No" to either of the first two questions above, or "Yes" to the third question, provide a detailed explanation in the Project Location Summary below.

Details to address in the Project Location summary shall include:

- a detailed description of the primary area(s) where the affected vehicle/engine operates, or the primary area where the emissions benefits of the project will be realized;
- a description of the routes and estimated miles traveled; and
- a summary of whether the project will be sited in an area where all or part of the population is exposed to diesel emissions.

For those fleets that travel statewide, provide a percentage of time spent in the various locations. A map of the project location is required to be included as Appendix B.

**Fleet/Equipment Description<sup>1</sup> – 5 Points**

Provide a completed Vehicle Information Sheet as Appendix C and a copy of the replacement schedule as Appendix D to the application. The applicant must provide a detailed summary of the old equipment, including the make, model and model year. Summarize the expected useful lifetime of the project-funded vehicle(s)/equipment and how it will be used by your organization, including a description of how the applicant's vehicle replacement procedures meet the attrition/fleet turnover requirements below. Describe why this project would not have occurred without these funds.

**1.** The applicant agrees that funds under this award cannot be used for emission reductions that result from vehicle/equipment replacement or repowers that would have occurred through normal attrition/fleet turnover within three years of the project start date. The Applicant must complete the Use of Funds Restrictions and attach the form to the application package as Appendix E.

**Project Outputs – 70 Points**

Provide a detailed summary of outputs associated with this project. Please review the NMED CDP Guidance document for a list of project outputs and eligible equipment.

**Project Outcomes/Project Benefits – 60 Points****Total Project Lifetime Emission Results (tons)<sup>1</sup> and Cost Effectiveness**

Pollutant or Fuel	NOx	PM <sub>2.5</sub>	HC	CO	Fuel(s)
Amount reduced					
Cost Effectiveness					

**1.** Applicants must use the EPA Diesel Emissions Quantifier (DEQ). The [DEQ](#) will calculate Cost Effectiveness (\$/short ton reduced) based on your inputs. Include a copy of the DEQ report as Appendix F.

**Public Health Benefits – 30 Points**

Describe how this project will meet the requirements of the Diesel Emission Reduction Act by reducing environmental risks to the public and sensitive populations. Include how this project will reduce environmental risks to economically disadvantaged and other populations with disproportionately high and adverse human health or environmental impacts. Include the impacted communities in the project location to include total population, percent minority, percent low-income (defined as \$25,000 annually, or less), and proximity to hospitals, medical, elderly facilities, and school(s), including daycare. For full credit, include a map which shows the locations of these facilities relative to the project area.

Use the Environmental Protection Agency's EJSCREEN: Environmental Justice Screening and Mapping Tool for minority populations and low-income data. <https://www.epa.gov/ejscreen> Attach a copy of

the EJSCREEN ACS report as Appendix G and a copy of the map that shows the locations of affected facilities as Appendix H. Low-income is derived from the [Office of the Assistant Secretary for Planning and Evaluation](#) Poverty Guidelines, using data for a family of four with an annual income of \$26,500 or less. On the ACS report, this can be found on Page 2 under the heading, “Households by Household Income.” Add the first two percentages from the categories “<\$15,000” and “\$15,001 - \$25,000” to determine the percentage of low-income households in the project area. Include the EJSCREEN map.

### **Air Quality in the Project Location – 30 Points**

Describe any special air quality concerns within or in proximity to, the project area (e.g., located in an ozone nonattainment area, nearby Federal Class I areas, and EPA designated priority counties) and a qualitative description of the area’s diesel emissions due to high impact features (e.g., truck stops, railroad yards, distribution centers, interstates, etc.). Include a map that shows these features relative to the project area in Appendix I.

### **Community Engagement and Partnership – 5 Points**

List any government entities, school districts or organizations involved in this project, including their roles in the project.

### **Fuel Type – 30 Points**

Fuel Type of Proposed Vehicles: ☐ ULSD ☐ CNG/LNG ☐ Propane ☐ Near zero CNG  
☐ Electric ☐ Hydrogen Fuel Cell

Are additional fueling infrastructure developments or improvements needed for this project? If yes, describe below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### **Ability to be Deployed in a Timely Manner – 5 Points**

Provide a detailed description, including estimated time of delivery and the purchasing process.

<b>Purchasing Procedures – 5 Points</b>	
Provide a detailed summary of the applicant’s purchasing procedures ensuring that all vendors will be selected in accordance with state public contracting and procurement regulations and federal procurement regulations.	
<b>Previous Grant Experience – 5 points</b>	
Provide a brief summary of previous grant experience, including the year awarded, the funding organization, and the purpose of the grant funding. Also indicate whether any funded projects were not completed and provide an explanation of why these projects were not completed.	
<b>Signatures</b>	
I, _____, hereby certify that the information submitted in this application are true and as accurate as possible, to the best of my knowledge.	
_____	_____
Printed Name	Title
_____	_____
Responsible Official Signature	Date

**Required Appendices: – 90 Points**

- 1) Appendix A- Documentation Verifying the Operating Time in New Mexico
- 2) Appendix B- Map of the Project Locations (for fleets that travel statewide)
- 3) Appendix C- Vehicle Information Sheet
- 4) Appendix D- Fleet Replacement Schedule
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- 6) Appendix F- Diesel Emission Quantifier (DEQ) Report
- 7) Appendix G- EJSCREEN ACS Report
- 8) Appendix H- Map of the Locations of Affected Facilities
- 9) Appendix I- Map Showing the Proximity to Federal Class I Areas